

# Office of the Mayor

Bob Young, Mayor

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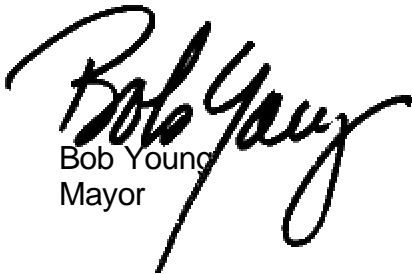
August 21, 2003

Mr. Richard E. Larson  
Executive Director  
CARES Commission

Dear Mr. Larson,

This is my written statement for my participation in the CARES Commission public hearing at the VA Medical Center in Decatur, Georgia. If I need to be contacted, I can be reached in my office at 706-821-1831 or my e-mail at [mayoryoung@augustaga.gov](mailto:mayoryoung@augustaga.gov).

Sincerely,



Bob Young  
Mayor

**Statement by Mayor Bob Young, City of Augusta  
CARES Commission Hearing  
Atlanta, GA, August 28, 2003**

Good afternoon. Mr. Chairman.

I would first like to thank you and the commission for this opportunity to provide input from the City of Augusta into the ongoing work of this commission.

I am here today as mayor of Georgia's second-largest city, and as a Vietnam veteran of the U. S. Air Force. I am also one of President Bush's appointees to the Advisory Council on Historic Preservation and will share some words in that regard later in this statement.

The report you will provide to the Secretary will have serious implications for the more than 48,000 veterans in the Augusta-Aiken metropolitan area for years to come.

The City of Augusta believes veterans will continue to locate in our city, because of the proximity to amenities offered at Fort Gordon, including the Dwight David Eisenhower Army Medical Center and large commissary, and the Veterans Administration medical centers. As a side note, we are currently working with the VA, U. S. Army and State of Georgia to establish a state veterans cemetery in our city.

We are thankful these veterans are choosing our community in which to live and raise their families. They contribute so much to the quality of life and intellectual capital in our city.

We strongly believe that our veterans deserve to have the finest of care and services close to where they live. Therefore, adequate health care within a reasonable distance of Augusta is of utmost importance.

The Augusta VA Medical Center meets that challenge and plays an essential role in addressing the health care needs of veterans in our entire region. It should be the CARES Commission's mission to look for ways to build on the strong foundation that already exists at the Augusta center.

That is why we fully support the prompt activation of the Community Based Outpatient Clinics in Athens, GA and Aiken County, SC. They are necessary for the Department of Veterans Affairs to provide ready access to veterans in these high growth areas and are designated as Priority 1 by the National CARES plan. They should remain at the top of the list.

The CBOC's meet the goal for providing care close to home, and will be substantial feeders of patients into the medical center in Augusta. The Athens anticipates more than 9,000 enrollees in peak years, while the number in Aiken is more than 7,000 enrollees.

The City of Augusta is aware of current Augusta VA Medical Center plans to relocate primary care teams to the Uptown Division. We see this, along with the establishment of CBOCs, as a natural and efficient utilization of existing resources to provide for the growth in the number of veterans requiring primary care. This will also create additional clinic space at the Downtown Division for the increasing numbers of veterans requiring specialty care outpatient services.

The availability of the Uptown Division for such expansion makes both the Downtown and Uptown Divisions vital in the Department of Veterans Affairs mission in providing excellent care for veterans in both Georgia and South Carolina.

The population of veterans in the Augusta area requiring both outpatient and inpatient mental health service continues to grow. This is noted in the CARES market planning initiatives.

The availability of the new facility at the Uptown Division to provide state of the art mental health services is a real plus for our veterans. We support proposals to convert existing outpatient space to an inpatient unit as an efficient use of the space at the Uptown Division. In fact, that would be using the space for which it was originally designed.

These plans for our local VA Medical Center are sound and based on market-driven research. We believe it is a prudent course of action.

The suggestion by the draft National CARES Plan that these mental health services could be relocated to the Downtown Division, other VA Medical Centers or contracted out is questionable. It makes absolutely no sense to close a facility that is providing quality care to our veterans, particularly closing a new structure, in order to relocate these services at great expense outside their primary care area to another VA Medical Center.

The Downtown Division is not designed to provide mental health services. Such a relocation of the Uptown Division services to the Downtown Division would have serious adverse impacts on acute medical and surgical care. It would also hamper efforts to expand the Spinal Cord Injury Unit that, according to the CARES plan, would require 26 additional beds in 2022.

To further suggest that these services could be contracted locally is also questionable. The availability of inpatient mental health beds in the Augusta community is minimal, and certainly does not meet the special mental health needs of America's veterans. The Augusta community does not have the capacity or the expertise to take on this large population of mental health and extended care patients.

With respect to expansion of the Spinal Cord Injury Unit, the Veterans Health Administration has designated the Augusta VA Medical Center's Spinal Cord Injury service as a Center of Excellence. The outstanding clinical staff of Augusta VA Medical Center's Spinal Cord Injury program serves veterans with spinal cord injuries from across the Southeast.

We recognize the increased numbers of veterans with spinal cord injuries requires these additional beds, and we recognize the need for new construction to provide these inpatient beds. We are most fortunate to have this special healthcare resource in the Augusta community and support expansion of this function.

Collaborations are important, and the Augusta VA Medical Center has tremendous collaborations on-going with both the Medical College of Georgia and the Dwight David Eisenhower Army Medical Center at Fort Gordon.

We recognize the importance the VA and Army medical centers have for both VA and DoD beneficiaries who reside in Augusta and the Central Savannah River Area. We recognize that these two facilities have a long-standing history of collaboration by consolidating and sharing scarce medical specialties in order to provide services in an efficient and cost-effective manner. This also negates the need for these patients to travel outside of the Augusta area for this care.

The City of Augusta is also very fortunate to have the State of Georgia's flagship medical school, the Medical College of Georgia, located in the City and in close proximity to VA. Veterans directly benefit from the medical and surgical services provided through MCG faculty and through the training of medical and surgical residents.

For example, all VA/DoD Neurosurgery accomplished at the Augusta VA utilizes Department of the Army Neurosurgeons and one DoD provided physician assistant. The VA provides the facility support and one VA provided physician assistant. MCG residents in Neurosurgery receive training from the Department of the Army Neurosurgeons.

Sadly, these relationships are not specifically recognized in the VA's report to this commission. I am attaching to my statement a three-page list, itemizing these relationships. In fact, the VA report to your board misidentified Eisenhower as a Navy Hospital.

We support continued efforts by all three of these facilities to identify areas for collaboration.

The recommendation in the draft National CARES Market Plan that the Augusta VA Medical Center studies the possibility of relocating services from the Uptown Division to the Downtown Division fills us with much concern.

As I outlined in the beginning of my statement, the Augusta VA already has a plan. The future use of the Uptown Division has already been studied.

While the recommendation before you is that the Uptown Division remain “open”, the implied threat of relocating services from the Uptown Division to the Downtown Division or elsewhere does not appear to be logical.

We are aware, through media reports, that the Augusta VA Medical Center was asked to develop a scenario in which the Uptown Division could be converted to an 8-hour operation. This scenario included relocating mental health inpatients to the Columbia, South Carolina, VA Medical Center and moving Nursing Home Care patients to the Dublin, Georgia, VA Medical Center.

Both moves would require renovations of those two facilities at great expense to the taxpayer. It also places a tremendous burden on Augusta and Central Savannah River Area veterans and families by having to travel a significant distance for this particular care.

The response submitted by the Augusta VA clearly outlines the long-term disadvantages and costs associated with such a change in the mission of the Uptown Division.

Following submission of the 8-hour scenario, the Augusta VA Medical Center was then asked to submit a plan to relocate acute services from the Downtown Division to Eisenhower Army Medical Center and move services from the Uptown Division to the Downtown Division. Again, the disadvantages and long-term costs do not support this proposal.

The Uptown Division has been studied enough. The plans for the future that are already on the table are solid, reasonable, and in the best interest of your customers. But, let's focus on the wording in the report that is before you today.

The report to the CARES Commission is a contradiction. It states:

*“Augusta Uptown Division will remain open.”*

Yet, the next line says just the opposite:

*“Study the feasibility of realigning the campus footprint including the feasibility of consolidating selected current services at the Uptown Division to the Downtown Division or other VAMCs and contracting with the community.”*

Then comes a line of thought that clearly reveals the true motives of the VA planners and ignores the work that has already been done:

*“The campus will be evaluated for alternative uses to benefit veterans such as enhanced use leasing for an assisted living facility.”*

Make no mistake. The City of Augusta wants to be an active partner involving any study of the Uptown Division of the VA Medical Center.

The point that should be noted here is that if all of these programs were located under one roof – on one campus, the CARES Commission would not even be considering this recommendation.

Why must Augusta veterans be punished because this city supports a two division medical center?

We are also concerned by the potential impact upon the Augusta economy should services at the Uptown Division be relocated to other VA facilities. We understand the salary and fringe benefits lost to Augusta would exceed \$15 million on an annual basis.

We, therefore, oppose any move by the Department of Veterans Affairs to minimize the operations of either division of the Augusta VA Medical Center.

It is our recommendation that the VA:

- open the clinics in Athens and Aiken,

- utilize space at the Uptown Division for additional inpatient mental health services and for relocation of selected primary care functions from the Downtown Division,

- expand clinics at the Downtown Division and increase the capacity of the Spinal Cord Injury Unit

- and, strengthen collaborations among VA, DoD and MCG.

Allow me to briefly assume my role as one of President Bush’s appointees to the Advisory Council on Historic Preservation. The ACHP is an independent Federal agency that advises the President and Congress on historic preservation matters, and administers portions of the National Historic Preservation Act. It is also responsible for overseeing

Federal implementation of a new Executive Order, E.O. 13287, "Preserve America," that was signed by the President on March 3, 2003.

Among Federal departments and agencies, the VA owns, leases, and operates one of the largest inventories of buildings in the Federal inventory, plus approximately 25,000 acres of land.

Many of the VA's holdings are historic, and are either designated National Historic Landmarks or are listed in the National Register of Historic Places. These holdings include more than 1,900 historic structures in 75 historic districts, 119 historically significant national cemeteries, and at least 32 known archaeological sites, as well as other heritage assets that include designed landscapes, works of art, historical collections, and archives.

About 40% of the facilities include historic districts listed in or eligible for the National Register of Historic Places. About another 40%, which were built from the late 1940s through the 1950s, has either recently reached or are approaching 50 years of age, the usual threshold for consideration of National Register eligibility.

The VA holds this important heritage in trust for the American people.

As far as I can discern, nowhere in the draft CARES plan, or in the planning process to date, are the Department of Veterans Affairs or the CARES Commission considering the impact of possible facilities closings, demolitions, property transfers, infrastructure improvements, or other proposed changes on these historic and cultural resources.

While I am sympathetic to the need for the VA to improve its delivery of services to veterans, the Commission and the Department should ensure that the historic resources managed and controlled by the VA, and the effects of the CARES plan on them, are given full consideration during the planning process.

This is even more critical in light of the recent Executive Order. Among other things, the Order directs Federal agencies to improve their stewardship of historic resources, and seek partnerships with non-federal parties to use such resources in support of economic development and other needs.

In addition, the Department should immediately begin consultation with the Advisory Council on Historic Preservation to determine whether there are programmatic ways to address the impacts of the CARES process on its historic facilities.

I wish to thank the committee for its time and attention. And, thank the members and staff for their substantial efforts to improve healthcare for our nation's veterans and be good stewards of the taxpayers' resources.

## **Joint Venture Agreements Between Augusta VA Medical Center (VAMC) & Dwight David Eisenhower Army Medical Center (EAMC)**

- Neurosurgery – All VA/DoD Neurosurgery accomplished at Augusta VA Medical Center utilizing Department of the Army Neurosurgeons and one DoD provided physician assistant. The VA provides the facility support and one VA provided physician assistant. MCG residents in Neurosurgery receive training from the Department of the Army Neurosurgeons.
- Cardio-thoracic Surgery – All VA/DoD Cardio-thoracic surgery cases are performed at EAMC by Department of the Army Cardio-thoracic surgeons. They are supported by both a PA and NP provided by VAMC. Residents from MCG also participate in the provision of these services. Department of the Army Cardio-thoracic surgeons staff clinics at the VAMC and also perform General Thoracic surgery cases at the VAMC on VA beneficiaries.
- Sleep Lab Studies – EAMC provides Sleep Lab Technologist to assist in workload and to accomplish all VA/DoD sleep lab studies at the August VA Medical Center. The VA supplies a lead tech, the facility and the professional interpretation of the studies. (Being renegotiated to provide combined program staffed by VAMC and EAMC employees at VAMC. Would provide services to all VA and DoD beneficiaries).
- Imaging Services – Augusta VAMC and EAMC have provided back-up support to each other on numerous occasions for Imaging Services such as CT Scans, MRIs, and Special Invasive Radiological procedures.
- Gynecology/Obstetrical Services – Department of the Army gynecologists staff a clinic at the VA Medical Center to provide these services to women veterans. The VA provides a nurse practitioner and the facility support. Obstetrical services, which are available to women veterans under new eligibility guidelines, are provided through EAMC's contract with the Medical College of Georgia. Eligible pregnant veterans are enrolled in the obstetric clinic at EAMC. Delivery is accomplished at MCG. VAMC reimburses EAMC for the costs incurred through the contract at MCG.
- Separation Physical Examinations – Recently approved an agreement to provide "one-stop" VA compensation/DoD separation examinations to separating Ft. Gordon personnel utilizing both VAMC and Department of the Army resources. Augusta VAMC will provide a Physician's Assistant and clerk to support EAMC personnel in accomplishing these examinations. Eisenhower provides the facility and the professional supervision of an Army physician.
- Speech Pathology Support – VAMC Speech Pathologist has a clinic for such services at EAMC for DoD beneficiaries.
- Laboratory Services – Both facilities share resources as necessary. Specifically, Special studies, dermatopathology and PAP smear interpretation is provided by Eisenhower.



- Physical and Occupational Therapy – VAMC provides such services as necessary to DoD beneficiaries.
- Hyperbaric Oxygen Therapy – EAMC provides these services to VA beneficiaries at EAMC.
- ICU Beds – Reciprocal agreement for beds at either facility dependent upon bed availability and need.
- Mammography – EAMC provides equipment for mammography services at EAMC. VAMC radiologist reads the VA films and provides second readings on films for EAMC beneficiaries.
- Lab Space for Animals – VAMC provides lab space for animals used for EAMC research activities.
- Echocardiogram Readings – EAMC cardiologists read up to 20 Echos per week during period of cardiology staffing shortage at VAMC.
- Temporary Lodging for EAMC Substance Abuse Program (ESAP) participants – Augusta VAMC provides temporary lodging for ESAP participants in exchange for access to PET scan services provided by a private provider at EAMC. EAMC provides the reading and interpretation of the scans.

We are continually seeking opportunities to joint venture in areas of mutual benefit to both agencies. This allows the provision of services to both VA and DoD beneficiaries in a cost efficient manner.

Affiliation with Medical College of Georgia (MCG) – Augusta VAMC provides educational and training opportunities for residents and students of the Medical College of Georgia. The VA Medical Center currently provides paid slots for 72 residents from MCG. The amount of money the VA Medical Center reimburses MCG on an annual basis for the service of these residents is approximately \$3 million. The VA Medical Center provides training opportunities in the following medical and surgical specialties:

- Internal Medicine
- Anesthesia
- Cardiology
- Dermatology
- Endocrinology
- Family Practice
- Gastroenterology
- Hematology/Oncology
- Infectious Disease
- Nephrology
- Neurosurgery

- Neurology
- Radiology
- General Surgery
- Plastic Surgery
- Psychiatry
- Ophthalmology
- Orthopedics
- Ear, Nose & Throat
- Pathology
- Pulmonology
- Cardio-thoracic Surgery
- Urology
- Dental – Oral Surgery
- Dental – Periodontics

In addition, the VA Medical Center provides residencies in Podiatry, in which VA Podiatry residents rotate through MCG, and MCG's clinical psychology program for Ph.D. psychologists.

**Statement of  
J. Roy Rowland M. D., former Member, U.S. House of Representatives  
Dublin, Georgia**

**Before the  
CARES Commission  
on the  
Atlanta Network Market Plans**

**August 2003**

Mr. Chairman and members of the Commission -- Thank you for the opportunity to speak to you on behalf of the Carl Vinson VA Medical Center in Dublin, Georgia.

(Inset any personal information you would like here:)

For twelve years I had the privilege of representing the Eight Congressional District of Georgia, which included The Carl Vinson VA Medical Center .During that time I served on The Hospital and Health Care Subcommittee of The House Veterans Affairs Committee, and the last two years as chairman of that subcommittee. I visited many VA Hospitals and Clinics during those years, and this gave me insight into their operation and the needs of our veterans. In particular, it made me very aware of how important The Carl Vinson Center is to the health and welfare of veterans who live in this part of our nation.

The medical center serves 52 counties in central and South Georgia, a rural and mostly medically underserved area. The number of veterans seeking care increases each year by 10-12%. I understand that by the end of this year this center will provide care to nearly 25,000 veterans during almost 160,000 visits.

Growth Chart:

<b>Fiscal Year</b>	<b>Patients</b>	<b>Admissions</b>	<b>Outpatient Visits</b>
2000	18,707	2,202	117,968
2001	20,895	2,418	129,643
2002	22,612	2,981	145,198
2003 (projected)	24,873	2,813	159,178

The VA delivers care through primary care clinics, mental health programs, nursing home care, specialty care clinics and a domiciliary that supports this care.

The **quality** of health care delivered at the medical center is excellent. JCAHO & CARF accreditation scores are high. The Combined Assessment Program, by the Office of the Inspector General, as well as clinical peer reviews, provides written documentation that Dublin VA provides **quality** health care to veterans.

Timely **Access** to quality health care is obvious and closely monitored; the medical center maintains no waiting lists for appointments. **Accessibility** of an appointment within 7 days and excellent customer service attitudes draw veterans from larger communities in the area to the medical center.

The Draft National CARES Plan proposes that Dublin VA acquire three additional CBOCs – in Perry, Milledgeville, and Brunswick. Since veteran populations are projected to rise significantly in these areas, this is a sound recommendation and will provide **access** to primary care closer to the veteran's home. I strongly agree that expanded healthcare to veterans in central and South Georgia is obligatory. The Dublin VA will increase **access** to health care through these CBOCs.

Dublin VA is designated as a Small Facility since less than 40 acute medical beds were projected for 2012 and 2022. The Draft National CARES Plan recommends Dublin VA retain their acute beds; however, they propose the surgical beds be closed. Dublin VAMC provides **quality** surgical care to its veterans, as evidenced by their consistently strong scores in the National Surgical Quality Improvement Program. As a physician myself, I can tell you that surgical services are essential to the medical center's function because of the active acute care ward and a very large nursing home. General surgical

consultation services with availability 24/7 are imperative. The presence of a surgical section affects much more than just inpatient surgery cases as surgeons perform many services within the medical center other than inpatient cases. For example, insertion of peg tubes, identification of acute abdominal problems needing urgent attention through intervention, wound debridement, cystoscopy for urinary problems, insertion of difficult foley catheters, surgical intervention for suprapubic catheter placement and podiatry evaluation, intervention and care as needed by diabetic patients. Maintaining surgical services at Dublin VA improves access to care for veterans. Surgery patients have short lengths of stay because of the quality of care received. It would seem that the medical center is being penalized because of the quality of care and short lengths of stay. The VA Dublin cost for a Bed Day of Care in surgery is \$1,069. Feeing out a case to the local hospital (BDOC) will cost the VA \$4,102 and does not include fees for professional staff and ancillary testing.

Last year Dublin VA had 1,254 inpatient surgical days of care costing \$1.3 million. To contract for that same care would cost an additional \$2.0 to \$3.8 million dollars. Below is the breakout comparison with area hospitals using Medicare rates.

<b><u>Facility</u></b>	<b><u>Surgery</u></b>	<b><u>1 Year Difference</u></b>	<b><u>20 Year Difference</u></b>
Dublin VAMC	\$1,340,526	\$0	
Houston	\$3,361,974	\$2,021,448	\$40,428,960
Phoebe	\$3,652,902	\$2,312,376	\$46,247,520
SEGMC	\$3,392,070	\$2,051,544	\$41,030,880

Fairview	\$5,143,908	\$3,803,382	\$76,067,640
Coliseum	\$4,667,388	\$3,326,862	\$66,537,240
Satilla	\$3,793,350	\$2,452,824	\$49,056,480
MCCG	\$3,777,048	\$2,436,522	\$48,730,440

Additionally, overall **quality** of patient care suffers without the availability of surgery beds and access for veterans will decrease, as they have to rely on the already overburdened tertiary centers to absorb their care.

In closing, let me reiterate that Dublin VAMC provides care to veterans in the rural, medically underserved areas of central and South Georgia. An important part of that care is the support provided by surgical staff. By providing a wide range of health care services, Dublin VA improves the quality of life for veterans and families in their communities.

Again, thank you for your time and for allowing me to speak on behalf of the Carl Vinson VA Medical Center in Dublin, Georgia.